

APPLICANT

Complete all
information
in this
section.

Plaintiff/Petitioner

CASE NUMBER: _____

Defendant/Respondent

DATE: _____

DEFERRED FEE APPLICATION INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

SSN: _____ ZIP CODE: _____

PHONE(H): () _____ PHONE (W): () _____

DO YOU HAVE AN ATTORNEY? ☐ YES ☐ NO PHONE (Cell): () _____

(FOR COURT USE ONLY: Do Not Write in this Section (except for your signature, below)).
FINANCIAL STATUS OF A DEFERRED FEE

FEE CODE # _____ TYPE _____ \$ _____

FEE CODE # _____ TYPE _____ \$ _____

FEE CODE # _____ TYPE _____ \$ _____

TOTAL AMOUNT OF FEES THAT HAVE BEEN DEFERRED: \$ _____

AMOUNT OF PARTIAL PAYMENT PAID AT TIME OF FILING: \$ _____

BALANCE: \$ _____

☐ CASH☐ CHECK

CREDIT CARD # _____ EXPIRATION DATE: _____

LAST 3 DIGITS ON SIGNATURE PANEL: _____

BALANCE OF DEFERRED FEE(S) DUE ON _____ DAY OF _____, 20____

I (APPLICANT) SHALL MAKE (☐ WEEKLY ☐ MONTHLY) PAYMENTS OF \$ _____

FINAL PAYMENT IS DUE ON OR BEFORE (BUT NO LATER THAN) THE DUE DATE ABOVE.

ANY BALANCE LEFT OUTSTANDING AFTER THE DUE DATE WILL BE SENT TO A COLLECTIONS AGENCY.

Applicant:

APPLICANT SIGNATURE: _____

**Special
Commissioner**

Check why
deferred until
further notice.

(FOR COURT USE ONLY: Do Not Write in this Section (except for your signature, below)).
ASSISTANCE RECEIVED/ INCOME INFORMATION

☐ TANF (TEMPORARY ASSISTANCE TO NEEDY FAMILIES)☐ SSI☐ FOOD STAMPS☐ GENERAL ASSISTANCE☐ COMMUNITY LEGAL SERVICE☐ < 150%**Applicant:**

APPLICANT SIGNATURE: _____